

**Report from Consumer Delivered Services Plank
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The Consumer Delivered Services Plank opened up their meeting with a discussion around issues of concern and needs related to CSX Delivered Services. Issues that were brought forth include:

- Critical need for peer run “step-programs” that would serve those in-between the hospital and day treatment.
- Need for peer-run crisis alternatives
- There are few PAID Peer Counselors employed at this time, both in rural and urban areas
- Potential employers cannot get the contact information for certified peer counselors from MHD
- Sustainability for CSX delivered services
- Need for more drop-in/recovery/psycho-education centers
- Evaluation component needed to show the efficacy of CSX run programs
- Need to address the clinical supervision requirement necessary to become Medicaid reimbursable

Outcome # 1: Every county will offer Consumer Run Services

Strategies/Next Steps:

1. Advocate for the financing of 2 technical assistance centers that would provide the training and information needed to expand the number of consumer-run programs.
2. Promote CDS as a “2 for 1 deal”
3. Advocate for block grant funds to establish independent consumer run organizations
4. Advocate for 25% of each year’s block grant funds to go directly from the RSN’s to these independent consumer run organizations
5. Advocate for best practices based on consensus panels for consumer run services that have not been systematically researched

Outcome # 2: Consumers, providers, and community members alike will fully understand the extensive benefits of CSX run services, particularly peer support.

Strategies/Next Steps:

1. Provide Education on the four major peer roles: Peer professionals; Peer specialists; Peers as staff in consumer-run programs; Peers involved in mutual support
2. Arrange Consumer-Provider forums to help identify ways to address dual-relationships, confidentiality, and stigma.
3. Implement evaluation components within programs that are currently operating.
4. Educate providers on the system benefits of CDS.

Outcome # 3: System barriers involving the credentialing, billing, and oversight of independently provided consumer run services will be removed.

Strategies/Next Steps:

1. Advocate for the shift of some funding to a “recovery bundle,” which would cover services that are non-medical and do not require supervision by a physician.(Look at New Hampshire where they have been doing this)
2. Expand the use of Personal Assistance Services (PAS) for individuals with psychiatric disabilities.
3. Advocate for the infrastructure funding to allow for new entities to have billing capabilities
4. Establish a new type of provider entity (such as Community Service Agency in Arizona), along with agency and individual requirements that would contract with the RSN's to provide rehabilitation and peer support services.